

MISSISSIPPI DEPARTMENT OF EMPLOYMENT SECURITY

**P. O. BOX 22781
JACKSON MS 39225-2781**

**UI-1
(R-07/04)**

STATUS REPORT

Reg No 1 7	S 8	U 9-10
		MR

F.U. on _____

(Application for Registration)

T C 11-12	Eff. Date 13 18	Fed. I.D. No. 19 27	Lia Beg 28 33	Bec Lia 34 39	B C 40 45	Law 46 47	T/A Name 48 64	C N 65 67	Ind C 68 71	T 72
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BC DATE _____

NAICS _____

FOUND DATE
73- 78

DO NOT WRITE IN SPACE ABOVE

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1. EMPLOYER ENTITY NAME: _____

EMPLOYER TRADE NAME: _____

2. EMPLOYER MAILING ADDRESS: _____

(Street or P. O. Box No.)

(City)

(State)

(Zip Code)

EMPLOYER 911 ADDRESS OF BUSINESS: _____

(911 Address)

(City)

(State)

(Zip Code)

EMPLOYER TELEPHONE NUMBER: _____

EMPLOYER FAX NUMBER: _____

EMPLOYER FEDERAL

ID NUMBER: _____

EMPLOYER

E-MAIL ADDRESS: _____

3. TYPE OF ORGANIZATION: _____

☐ Corporation ☐ Non-Profit Corp. ☐ Partnership ☐ Individual ☐ Other (enter type) _____

If a Corporation: Incorporated under the laws of _____ Legal Domicile _____

(Name of State)

4. ARE YOU LIABLE FOR FEDERAL UNEMPLOYMENT TAX (FUTA) IN ANOTHER STATE? YES ☐ NO ☐

5. NAME AND TITLE OF OFFICER OR RESIDENT AGENT ADDRESS WHERE PAYROLL RECORDS ARE MAINTAINED.

AUTHORIZED TO FURNISH PAYROLL INFORMATION

Agent's/ Officer's Telephone Number: _____

6. LIST NAME, SOCIAL SECURITY NUMBER AND ADDRESS OF PROPRIETOR, PARTNERS OR CORPORATE OFFICERS.

_____ SS# _____

_____ SS# _____

_____ SS# _____

7. BEGINNING DATE (Month, Day, Year) OF EMPLOYMENT IN MISSISSIPPI _____

8. DID YOU ACQUIRE YOUR BUSINESS FROM AN EXISTING ORGANIZATION? YES ☐ NO ☐

IF YES, PROVIDE NAME, ADDRESS, TELEPHONE NUMBER AND STATE UNEMPLOYMENT IDENTIFICATION NUMBER:

DATE ACQUIRED _____

9. ARE YOU EXEMPT AS AN IRS 501(c)(3) NON-PROFIT ORGANIZATION? YES ☐ NO ☐. IF "YES", ATTACH COPY OF YOUR 501(C)(3) EXEMPTION.

10. HAVE YOU EVER BEEN SUBJECT TO THE MISSISSIPPI DEPARTMENT OF EMPLOYMENT SECURITY LAW? YES ☐ NO ☐. IF "YES", ENTER REGISTRATION NUMBER _____

11.a. LAST CALENDAR YEAR (20)

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EACH BOX REPRESENTS A CALENDAR WEEK. INDICATE BY CALENDAR WEEK THE NUMBER OF PEOPLE WORKING FOR YOU DURING EACH WEEK OF THE LAST CALENDAR YEAR.

1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th	13 th	14 th
15 th	16 th	17 th	18 th	19 th	20 th	21 st	22 nd	23 rd	24 th	25 th	26 th	27 th	28 th
29 th	30 th	31 st	32 nd	33 rd	34 th	35 th	36 th	37 th	38 th	39 th	40 th	41 st	42 nd
43 rd	44 th	45 th	46 th	47 th	48 th	49 th	50 th	51 st	52 nd	53 rd	xx	xx	xx

b. INDICATE IN EACH SPACE THE WAGES YOU PAID DURING EACH CALENDAR QUARTER IN THE LAST CALENDAR YEAR.

Total Wages 1 st Qtr. \$ _____	2 nd Qtr. \$ _____	3 rd Qtr. \$ _____	4 th Qtr. \$ _____
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12.a. CURRENT CALENDAR YEAR (20)

EACH BOX REPRESENTS A CALENDAR WEEK. INDICATE BY CALENDAR WEEK THE NUMBER OF PEOPLE WORKING FOR YOU DURING EACH WEEK OF THE CURRENT CALENDAR YEAR.

1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th	13 th	14 th
15 th	16 th	17 th	18 th	19 th	20 th	21 st	22 nd	23 rd	24 th	25 th	26 th	27 th	28 th
29 th	30 th	31 st	32 nd	33 rd	34 th	35 th	36 th	37 th	38 th	39 th	40 th	41 st	42 nd
43 rd	44 th	45 th	46 th	47 th	48 th	49 th	50 th	51 st	52 nd	53 rd	xx	xx	xx

b. INDICATE IN EACH SPACE THE WAGES YOU PAID DURING EACH CALENDAR QUARTER IN THE CURRENT CALENDAR YEAR.

Total Wages 1 st Qtr. \$ _____	2 nd Qtr. \$ _____	3 rd Qtr. \$ _____	4 th Qtr. \$ _____
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13. LIST BELOW YOUR PLACES OF BUSINESS IN MISSISSIPPI AND GIVE A DESCRIPTION OF YOUR OPERATIONS AT EACH PLACE OF BUSINESS.

City and County	Principal Type of Activity (Mfg., Retail, Domestic Service, Agricultural, etc.)	Number of Employees by Establishments	Type of Establishment & Principal Products or Services (Apparel, Factory, Grocery Store, Construction, Farm, Private Household, Fraternity, etc.)	Auxiliary Status Does the establishment primarily provide services for other units of the company? If yes, indicate the nature of the activity. (Central Administrative Research & Development, Storage, etc.)
(a)	(b)	(c)	(d)	(e)

14. I HEREBY CERTIFY THAT ALL THE INFORMATION CONTAINED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

DATE _____ FIRM NAME _____

SIGNATURE _____ TITLE _____